[Clinic or Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To: [Employer Name / Safety Department]
Re: Return to Work Medical Clearance

Driver Name: [Driver's Full Name]
Date of Birth: [DOB]
Driver's License Number: [DL Number]

To Whom It May Concern,

I have medically evaluated [Driver's Full Name] following their recent illness/medical absence which began on [Start Date of Absence].

After a clinical examination and review of the recovery status, I find that the patient has recovered sufficiently to perform the essential functions of a commercial motor vehicle driver as defined by the Federal Motor Carrier Safety Administration (FMCSA) regulations.

Clearance Status:

- The driver is cleared to return to full duty without restrictions effective [Return Date].
- The driver's current medications (if any) have been reviewed and are not expected to interfere with the safe operation of a commercial vehicle.

If you have any further questions regarding this medical clearance, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name and Title]
[Medical License Number / NPI Number]